POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMC		9/19/0~
O.I.P.E. CLASSIFIER		8	9-26-00
FORMALITY REVIEW	NB	901	10-23-00
RESPONSE FORMALITY REVIEW	SS	573	04-23-01

Emz w731/00

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
–	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

BEST AVAILABLE COPY

Claim		Date
Final	Original	
	1	✔
	2	✔
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	9	✔
	10	✔
	11	✔
	12	✔
	(13)	✔
	14	✔
	15	✔
	16	✔
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Claim		Date
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If more than 150 claims or 10 actions
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